



A D D E N D U M N O . 1 , D A T E D 0 7 / 1 9 / 1 6

RE: Invitation to Bid to be Returned July 26, 2016, 4:00 p.m.
 Primary Insurance Coverage for the Southeastern Athletics
 Department

Dear Bidder,

Bidder is requested to reference BID DOCUMENT PAGES

Replace the following pages in the bid document with the attached pages:

- Page 2 of 18
- Page 3 of 18
- Page 4 of 18
- Page 5 of 18 (replacement page is blank)
- Page 13 of 18
- Page 14 of 18
- Page 15 of 18

The bidder should acknowledge receipt of the addendum by:

- 1) Referencing the addendum on the Response Signature form; or
- 2) by including the addendum with the bid response; or
- 3) by returning the addendum under separate cover if the response
 has already been mailed.

Sincerely,

Phyllis Hoover, CPPB

Name of Bidder:

Acknowledged by:

Signature

Date

BID RESPONSE FORM

BIDDER'S NAME: _____

TELEPHONE NO.: () _____ FAX NUMBER: () _____

ADDRESS: _____

MAILING	CITY	STATE	ZIP
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SCOPE: Furnish Primary Insurance Coverage for the Southeastern Athletics Department Domestic and International Student-Athletes. We understand this may require two separate insurance plans.

PERIOD: August 1, 2016, or shortly thereafter, through July 31, 2017

I/we do hereby declare that I/we have carefully examined the Invitation to Bid and that I/we have a clear understanding of the said documents. I/we hereby propose to furnish the necessary Intercollegiate Athletics Insurance for the sums indicated on the bid response form.

I/we do hereby acknowledge receipt of the following addenda (if any):

No. _____ Dated _____ No. _____ Dated _____

No. _____ Dated _____ No. _____ Dated _____

SEE BID RESPONSE FORM PAGES 2 OF 3 AND 3 OF 3 FOR PRICE RESPONSE FORMAT

NOTE :

The University will award the bid to the overall lowest bidder for the policy the Athletic Department chooses to be in its best financial interest.

AUTHORIZED OFFICER: _____
(Signature) (Print or Type Name)

TITLE: _____ DATE: _____

BID RESPONSE FORM

BID PRICES: I/we do hereby bid the following Primary Insurance coverage for the following monthly premium rates per option per athlete throughout the policy term:

I. Quote on policies (providing summary of benefits) as follows:

**Minimum of \$100,000.00 Medical Maximum Benefit
Deductible Amount (80%/20% Coinsurance)**

Ages	Deductible Amount (80%/20% Coinsurance)					
	\$0	\$250	\$500	\$750	\$1000	\$1500
18-20						
21						
22						
23						
24						
25						

Ages	Deductible Amount (80%/20% Coinsurance)					
	\$2000	\$2500				
18-20						
21						
22						
23						
24						
25						

AUTHORIZED OFFICER: _____
(Signature) (Print or Type Name)

TITLE: _____ **DATE:** _____

BID RESPONSE FORM

Minimum of \$100,000.00 Medical Maximum Benefit
Deductible Amount (70%/30% Coinsurance)

Ages	Deductible Amount (70%/30% Coinsurance)					
	\$0	\$250	\$500	\$750	\$1000	\$1500
18-20						
21						
22						
23						
24						
25						

Ages	Deductible Amount (70%/30% Coinsurance)					
	\$2000	\$2500				
18-20						
21						
22						
23						
24						
25						

AUTHORIZED OFFICER: _____
(Signature) (Print or Type Name)

TITLE: _____ DATE: _____

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SECTION III - REQUIREMENTS

- 3.1 Period for coverage: (August 1, 2016, or shortly thereafter, through July 31, 2017)
- 3.2 Individuals to be covered by each individual policy will be participants in one of the following sports at Southeastern Louisiana University: Women's Cross Country & Track, Men's Cross Country & Track, Women's Soccer, Women's Volleyball, Women's Basketball, Men's Basketball, Women's Softball, Men's Baseball, and Football, Women's Tennis, Men's Golf.
- 3.3 Total number of athletes to have primary insurance policies purchased will be approximately 60. Additional athletes may be added if funding is available.

The number of athletes will change during the 2016-2017 year due to graduation / transfer / drop out / walk-ons / tryout additions / etc.

Total Team Rosters anticipated for 2016-2017 academic year:

Men's Baseball-34
Men's Basketball-15
Women's Basketball-15
Women's Soccer-26
Women's Softball-22
Men's Golf-8
Men's Track/Field/Cross Country-75
Women's Track/Field/Cross Country-50
Women's Tennis-9
Women's Volleyball-19
Football-100-110
Total # of Athletes: 383

- 3.4 Coverage is for student-athletes participating in Intercollegiate Athletics for Southeastern Louisiana University.

ALL SCHOLARSHIP ATHLETES WILL HAVE A PRIMARY PLAN PURCHASED FOR THEM IN THE EVENT THEY DO NOT HAVE EXISTING PRIMARY COVERAGE.

ALL SOUTHEASTERN STUDENT-ATHLETES WILL BE COVERED UNDER OUR SECONDARY INSURANCE POLICY THAT COVERS ONLY ATHLETIC INJURIES/CONDITIONS THAT ARE A DIRECT RESULT OF PARTICIPATION IN ATHLETIC DEPARTMENT SANCTIONED ACTIVITIES ONLY.

There are 4 NATA Certified Athletic Trainers on staff as well as 4 NATA Certified Athletic Trainers working as Graduate Assistants. The 2 local orthopedic and primary care doctors serve as the Team Physicians and Southeastern Louisiana University has a great working relationship with them, as well as North Oaks Health System.

Southeastern Louisiana University pre-participation physical examinations are extensive and pre-existing conditions are documented. All referrals to physicians are handled by the Sports Medicine Department's Director of Sports Medicine, Nathan Quebedeaux, MS, ATC, LAT, CES. This position serves as contact for all medical expenses and services rendered to Southeastern Louisiana University's Intercollegiate Athletes.

3.5 PRIMARY COVERAGE SPECIFICATIONS/BENEFITS REQUIRED:

Details of the policy being offered must be submitted with the bid. This policy will be provided for uninsured athletes who are on athletic scholarship. We estimate approximately 60 scholarship athletes will need this coverage. This quantity is only an estimate. Actual number needed may be fewer or greater. Additional athletes may be added if funding is available.

Quote on policies (providing summary of benefits) as follows:

Deductibles - \$0/\$250/\$500/\$750/\$1000/\$1500/\$2000/\$2500

Coinsurance- Provide Coverage Options of:

80% / 20%

70% / 30%

Benefit Period- 08/01/2016 to 07/31/2017

Coverage MUST include accidental injuries that occur during participation in intercollegiate athletics.

- Plan must allow for BOTH in/out of network providers
- Prescription Drug benefits (with card)
- No referrals to see Specialists
- Covers Athletic Injury
- Covers Common Medical Conditions
- Covers Diagnostics (X-Rays, Blood Tests, etc.)
- Covers Imaging (CT/PET Scans, MRI, Bone Scan, EMG/ECG Studies, Nerve Conduction Studies, etc.)
- Covers Outpatient Surgery (Facility Fees, Anesthesia, Physician/Surgeon fees)
- Covers Emergency Room Services
- Covers Emergency Ambulance Services
- Mental/Behavioral Health, Substance Abuse Outpatient Services
- Home Healthcare, Rehabilitation Services, Habilitation Services, Skilled Nursing Care, Durable Medical Equipment, and Hospice Care
- In/Out of Network Eye Exams, Eye Glasses, Contact Lenses, and Dental Check-Ups
- Chiropractic Care
- Physical Therapy
- Platelet Rich Plasma (PRP) Therapy

Hospital Room & Board

- Intensive Care Room & Board
- Hospital Misc. Benefit Amount
- Outpatient Pre-admission Testing Benefit Amount
- Outpatient Hospital Emergency Room Treatment and Supplies Benefit Amount
- Urgent Care/ After Hours Care at an After Hours/ Walk-in Facility
- Surgical Benefit Amount
- Primary Surgeons Benefit Amount
- Asst. Surgeon, Second Surgical Option, Consultation Benefit
- Anesthesia Benefit Amount
- Surgical Facility Benefit Amount
- Mental Illness Benefit Amount
- Doctor / Specialist Visits
 - In-Hospital Benefit Amount
 - Office Visits Benefit Amount

- X-ray / Radiology and Lab and other Diagnostic Procedures
 - (CT/PET Scans, MRI, Bone Scan, EMG/ECG Studies, Nerve Conduction Studies) Benefit Amount
- Pathologist Benefit Amount
- Respiratory Therapy
- Physical Therapy
- Chiropractic
- Nursing
- Ambulatory Care
- Transportation during an emergency or from one medical facility to another
- Inpatient/Outpatient Physical Therapy
- Prosthetic Devices Prescribed by Physician
- Medical Equipment Rental Charges
- Medical Services and Supplies
 - (Blood, Blood Transfusions, Oxygen)
- Dental Treatment for Athletic Injury

ALL MAX BENEFITS NEED TO BE AT LEAST URC (URC-Usual, Reasonable, Customary)

- 3.6 The successful bidder must have an understanding that the state of Louisiana's "usual and customary" pay schedule is vastly different than most other states.
- 3.7 Successful bidder will provide a single person point of contact for Southeastern Louisiana University's Athletics claims adjuster, including a direct phone number and e-mail address. This point of contact is for claims questions, updates, status of pending claims, and to communicate with our Secondary Athletic Department Insurance Company.
- 3.8 The successful bidder will show proof of being a nationwide network including all 50 States and have the ability to expand to an international network.
- 3.9 The successful bidder will show proof of being able to accept Sports Medicine Medical Codes and ability to bill for Sports Medicine services. (Provide Official CPT Code Listings and Modifiers for clinical practice by Athletic Trainers)
- 3.10 The successful bidder will allow for monthly payments/cancellations of policies as needed based upon graduation / transfer / drop out / walk-ons / tryout additions / etc.
- 3.11 The successful bidder will provide all EOB's to Southeastern Athletics point of contact, Director of Sports Medicine, Nathan Quebedeaux (Nathan.Quebedeaux@selu.edu).